# PO/OCCO(SAMPLE LETTER OF TRANSMITTAL)

DATE September 6, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

400004578014---1 -09/10/01--01081--015 \*\*\*\*\*78.75 \*\*\*\*\*\*79.75

Re: BRIGHT STAR VISIONS ENTERPRISE, Inc. (Name of Corporation)

#### Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Registered Agent Designation for the above named corporation.

Very truly yours.

BRIGHT STAR VIGION ENTEPRISE
(Name of Corporation)

MAILING ADDRESS OF CORPORATION —

3117 Emerson

Plant City FL 33567

PHONE —

(813) 719-8614

Area Code Number Ext.

H/B

#### ARTICLES OF INCORPORATION

BRIGHT STAR VISTONS ENTERPRISE, INC.

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME The name of the corporation is: BRIGHT STAR VISIONS ENTERPRISE ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 1000 shares of common stock, par value \$ \_\_\_\_\_\_ per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS Emerson CITY FLORIDA Mailing address, if different STREET ADDRESS CITY **FLORIDA** ZIP ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME **ADDRESS** Emerson + lace CITY FLORIDA ZIP

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	two (2) directors	s initially. The numb	per of directors may b
either increased or diminished from time to time be addresses of the initial director(s) of the corporation	by the By-Laws, but shall neve	r be less than one (1	). The names and
NAME Star Hill	<u> </u>	<u> </u>	
ADDRESS 3117 Emerson	Place.		<u> </u>
CITY Plant City		-lorida	7m 377/-
		1011 014	ZIP 33567
ADDRESS 3025 Los Alto	5 Drive #	<u></u>	
CITY Bellegir Bluffs	STATE A	Florida	710 3 2 days
NAME	SIAIL /	70//(4	ZIP 33470
ADDRESS		. ,	<u>त्र सम्</u> रक्षित्र ह
CITY			
CHI	STATE		ZIP
	CLE VIII - INCORPORATO		
The names and addresses of the incorporators sign	ing these Articles of Incorpora	tion are as follows:	
NAME Star-Hill	_	-	
ADDRESS 3117 Emerso	n Place		
CITY Plant City	STATE F	Torida	ZIP 33567
NAME Linda Ferguso	in c		
1 1 1 1 1	05 Drive #2		<del></del>
CITY Belleair Bluffs	STATE	Torida	ZIP 33776
NAME		701104	00110
ADDRESS			
CITY	STATE		ZIP
The undersigned incorporator(s) have executed	these Articles of Incorpora	tion this 6 f	-h
day of <u>Sentember</u>		tion uns <del>v</del>	
	, <u>2001</u> .		
	From 4	.00	(7)
•	Ni O	()	(Signature)
	( Sunda	Tesauso	ン(Signature)
	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>		(Signature)
			(Signature)

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

BRIGHT STAR VISIONS CORPORALIZED (name of corporation)	INC.	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted.  The above corporation, organized under the laws of the State of Florida with its registered as indicated in the Articles of Incorporation  at 3117 Emerson Place	01 PM	
Plant City, Fl. 33567 has named Star Hill	2: 20 :	*****

located at the aforesaid address, as its registered agent to accept service of process within this

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 9/6/0/(Date)

state.